PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Glenda E. Hood**
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 26 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105185

1. Corporation Name

STEIGELMAN & ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1115 KNOLLWOOD DR~~<br>~~SAFETY HARBOR FL 34695~~<br>576 N. Bridgestone Ave<br>Jacksonville, FL 32259 | ~~1115 KNOLLWOOD DR~~<br>~~SAFETY HARBOR FL 34695~~<br>576 N. Bridgestone Ave<br>Jacksonville, FL 32259 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 07

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 576 N. Bridgestone Ave | 576 N. Bridgestone Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jacksonville FL | City & State: Jacksonville, FL |
| Zip: 32259 Country: USA | Zip: 32259 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 10/29/2001

5. FEI Number: 59-3752837 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---|---|---|---|
| D | STEIGELMAN, LAURA A | ~~1115 KNOLLWOOD DR~~ 576 N. BRIDGESTONE AVE. | ~~SAFETY HARBOR FL 34695~~ JACKSONVILLE FL 32259 |
| D | STEIGELMAN, HERBERT M III | ~~1115 KNOLLWOOD DR~~ 576 N. BRIDGESTONE AVE. | ~~SAFETY HARBOR FL 34695~~ JACKSONVILLE, FL 32259 |
| | | | |
| | | | |
| | | | |
| | | | |

800025065768
11/26/03--01015--002 **150.00

8. Name and Address of Current Registered Agent

LABRECQUE, EDWARD C
1202 NEBRASKA AVE
PALM HARBOR FL 34683

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Edward C. LaBrecque — Date: 11/24/03
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:** S/ Kirk M. Steigelman VP — 11/1/2003 — 904-230-2355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# LaBRECQUE & COMPANY

1202 Nebraska Ave., Palm Harbor, FL 34683
Fax 727-789-2021 **727-786-8228**
email: phcpa@webnetinc.com


November 24, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Gentlemen:

Enclosed is the Application for Reinstatement for Steigelman & Associates, Inc., as well as their check # 1160 in the amount of $150.00.

Prior notices for the Uniform Business Report were not received by this corporation.

Please re-instate Steigelman & Associates, Inc. as an active corporation.

If you have any questions, please call me.

Sincerely,
LaBrecque & Company

Edward C. LaBrecque, CPA

Enclosures

ECL:lmd